

Signed under the penalties of perjury:

# Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

FITCHBURG CITY CLERK

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Ja	January 1, 2013 Ending Date: December 31, 2013 7
Type of Report: (Check one)  8th day preceding preliminary 8th day preceding election	on   30 day after election   year-end report  dissolution
E. Thomas Donnelly	Committee for Elect Tom Donnelly
Candidate Full Name (if applicable)	Committee Name
Mayor of Fitchburg	Joanne L. Donnelly
Office Sought and District	Name of Committee Treasurer
1197 Main Street, Fitchburg, MA 01420	1197 Main Street, Fitchburg, MA 01420
Residential Address	Committee Mailing Address
Telephone Number (optional): 9783421122	Telephone Number (optional): 9783421122
SIIMMADV RALA	ANCE INFORMATION:
Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line	t \$230.93 ne 11) 0
Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5)	5, line 14) s230.93
Line 5: Ending Balance (line 3 minus line 4)	\$230.93
Line 6: Total in-kind contributions this period	od (page 6)
Line 7: Total (all) outstanding liabilities (page	ge 7) \$30,020.00
Line 8: Name of bank(s) used: Rollstone Bank a	k and Trust
activity, including all contributions, loans, receipts, expenditures, disbursements, infinance activity of all persons acting under the authority or on behalf of this compited.  Signed under the penalties of perjury.  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this report including attached schedules and it is, I certify that I have examined this report including attached schedules and it is,	(Treasurer's signature)  Date: 1/16/14  sk 1 box only  s, to the best of my knowledge and belief, a true and complete statement of all campaign finance ee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, eporting period.  Hithus separate report  s, to the best of my knowledge and belief, a true and complete statement of all campaign separate, in-kind contributions and displicities for this reporting period and represents the
Signed under the penalties of perjury:	(andidate's signature) Date: 1/16/14

## **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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		The state of the s	
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	ripts \$50 and under* (not listed above)		
Line 11: TOTAL 1	RECEIPTS IN THE PERIOD	0	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## **SCHEDULE A: RECEIPTS (continued)**

SCHEDULE A: RECEIP 18 (continued)					
Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)		
Date Accept to	(arphabetess listing requires)	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
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110 1000 (1800 AND	Particular		The state of the s		
ine 9: Total Rece	ipts over \$50 (or listed above)				
	eipts \$50 and under* (not listed above)	722			
-CONTRACTOR	RECEIPTS IN THE PERIOD	Ô	Enter on page 1, line 2		
			ild include only those receipts not itemized shove		

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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<b>!</b>			,	
			A STATE OF THE STA	
	NAME OF THE OWNER OWNER OF THE OWNER O		AND	
1000000		Line 12: Total Expenditures	over \$50 (or listed above)	
			\$50 and under* (not listed above)	
		Line 14: TOTAL EXPEND		

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized shove

## **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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	L <sub>appage</sub> .	Line 12: Expenditures over	\$50 (or listed above)	
			and under* (not listed above)	
			DITURES IN THE PERIOD	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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				114.704
		A SOURCE STATE OF THE SOUR	100000	
		And the street of the street o		
Language of the language of th	Line 15: In-Kind Contributions over \$50 (or listed above)			
	Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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## **SCHEDULE D: LIABILITIES**

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
9/29/99	E. Thomas Donnelly	149 Prospect Street, Fitchburg	Loan	\$9,500.00
8/21/03	E. Thomas Donnally	149 Prospect Street, Fitchburg	Loan	\$200.00
10/21/03	E. Thomas Donnelly	149 Prospect Street, Fitchburg	Loan	\$300.00
1/26/04	E.Thomas Donnelly	149 Prospect Street, Fitchburg	Loan	\$1,520.00
10/06/04	E.Thomas Donnelly	149 Prospect Street, Fitchburg	Loan	\$2,000.00
10/31/05	E.Thomas Donnelly	149 Prospect Street, Fitchburg	Loan	\$1,500.00
6/29/07	E.Thomas Donnelly	149 Prospect Street, Fitchburg	Loan	\$5,000.00
10/25/07	E.Thomas Donnelly	149 Prospect Street, Fitchburg	Loan	\$10,000.00
	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			